

DEPENDANT CARE ACCOUNT

Reimbursement Claim Form



EMPLOYEE NAME: _____ SOCIAL SECURITY NO. _____
ADDRESS: _____ CELL PHONE: _____
_____ WORK PHONE: _____
_____ EMPLOYER: _____
EMAIL: _____

CERTIFICATION AND AUTHORIZATION

I certify that the information on this form is accurate and complete. I am requesting reimbursement for work-related dependent care expenses incurred by me for care provided by a valid dependent care provider to an eligible dependent (for children under the age of 13 or other dependents that are physically or mentally incapable of taking care of themselves) while I was a participant in the plan. I have already received these services and have not been previously reimbursed for these expenses and I will not seek reimbursement of these expenses from any other plan or party. In addition, the expenses for which reimbursement is sought will not be claimed as tax deductions on my personal tax return. I understand that if an expense is determined to be ineligible, I am responsible for reimbursing the plan(s) for any such expense or for payment of all related income taxes on amounts paid from the plan(s) which relate to such expense.

Employee Signature: _____

Date: _____

DEPENDENT CARE EXPENSE CLAIMS (CAREFLEX)

Name of Dependent(s)	Period Covered		Name, Address and Taxpayer Identification Number of Service Provider	Amount Paid
	From	To		
**Attach a receipt from your day care provider, or include the day care provider's signature below.			Total Dependent Care Expense Claim	

For Dependent Care Expenses, you may choose to have your provider sign and date below to certify the expenses were incurred in lieu of providing a separate dependent care receipt.

Dependent Care Provider Use Only		
I certify that the dependent care expenses shown above are valid.		
Dependent Care Provider Signature:	Provider ID:	Date:

FAX OR EMAIL CLAIMS TO:

3P Benefit Solutions

Fax: 601-715-1855

claims@3pbenefits.com

*Claims may also be filed and uploaded via Participant Portal via www.3pbenefits.com or by Apple/Android app 3P Benefits